NASC Discussion

NASC Savings Target

- DSS has been working with a project group including NASC Managers; representatives from Northable, Taikura, DSL, Lifelinks and Access Ability have supported the discussions and a range of suggestions have been put forward around how changes could be made or managed.
- Currently DSS is forecasting a $90m deficit.
- 4 other projects covering other areas within DSS are in train. Equipment and Modification Services is one of the other key projects nearly ready. Others are still not fully clear yet and need a lot more work before landing on an approach.
- We will make sure NASC are aware of further strategies as they are finalised to ensure cover off any inter-dependencies.
- Savings target for NASC has been set at $10.5m for this financial year.
- Each NASC will be allocated their portion of the savings based on their annual budget.
- Three drivers demand, price, allocations.
- Residential costs biggest driver and we need to have a focussed strategy around this – provider comms/RPM.
- Need to prioritise areas where NASC can have most impact.
- We are seeking some additional funding to support NASC in the process.
- Communication strategy being developed. Overarching key messages and then specific ones to support NASC.
- Project team is being established to support the budget management initiatives across DSS from within DSS current FTEs.
- NASC should still look at both Community based services where they may be able to have the biggest impact and residential services to ensure individual rates are reviewed and where there' an opportunity to reduce these are achieved.

We have engaged with the NASCA Project Group seeking advice on how NASC may approach the savings target. Feedback from the group indicated the following areas that may merit some further consideration by NASC when planning to implement budget management strategies:

<u>Residential Services</u>

- Review of Day activity funding for those people in residential – IHC Day Activity purchase unit
- Implement a residential waitlist with key criteria for entry to service
- No 'front-loading' of residential support packages when new clients enter service. Funding will be based on assessed need only. If provider requests additional funding this will need to be accompanied by comprehensive evidence to support the need to continue eg clinical reports, incident reports
- Any requests for increase funding due to behavioural challenges must be accompanied with an implementation plan from the provider to manage reducing events through positive behaviour support approach
- Any 3:1 requests will require a clinician approved and signed off restraint protocol
- All increased support packages will be service co-ordinated for a short period after which a second service coordination will be entered returning the funding back to original level. No short

term approvals will remain in place beyond approval period unless the provider produces comprehensive evidence to support the need to continue eg clinical reports, incident reports
- Review of High Cost packages that have been negotiated outside of the Ministry Transparent Pricing Models (TPMs) and reduce back to appropriate funding
- Review of discrete 1:1 allocations and realign with standard practice where possible

Community Services
- Ensure all NASCs are only service co-ordinating 'Set Up Coordination' at the commencement of a Supported Living placement and not at each review
- Review of 'high cost community packages' that are outside of our principled approach with a view to realign with average packages.
- Review of allocations above the highest point on each SPA and reduce back to within SPA – this initiative also requires a review of average and maximum allocation thresholds because PE adjustments have been made through contract rates in the past year
- Ensure SIL is only allocated for supported living and HCSS for HM and PC